

## PLACE OF BIRTH

1. County of Gila  
 District of Globe  
 Town of Globe  
 or  
 City of Globe

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 132  
 County Registrar No. 90  
 Local Registrar No. 90

2. Full name of child Heslie Lee Ming  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)  
 (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child male To be answered ONLY in event of plural births.  
 4. Twin, triplet or other yes  
 5. No., in order of birth 1  
 6. Legitimate? yes  
 7. Date of birth 4 5 27  
 Month Day Year

8. FATHER  
 Full name Cecil Taylor Ming  
 9. Residence (Usual place of abode) Globe, Arizona  
 If non-resident, give place and state.  
 10. Color or race White  
 11. Age at last birthday 30 (Years)  
 12. Birthplace (city or place) Denton Texas  
 (State or country)  
 13. Occupation District Manager Rio Grande  
 Nature of industry Oil Company

14. MOTHER  
 Full maiden name Andra May Dale  
 15. Residence (Usual place of abode) Globe, Arizona  
 If non-resident, give place and state.  
 16. Color or race White  
 17. Age at last birthday 32 (Years)  
 18. Birthplace (city or place) Honolulu Texas  
 (State or country)  
 19. Occupation Housewife  
 Nature of industry

20. Number of children of this mother 3  
 (Taken as of time of birth of child herein certified and including this child.)  
 (a) Born alive and now living 3  
 (b) Born alive but now dead 0  
 (c) Stillborn 0  
 21. Were precautions taken against ophthalmia neonatorum? yes

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 3:00 P. m. on the date above stated  
 (Born alive or stillborn.)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature C. W. Adams Physician  
 Address Globe Arizona  
 4-30-27

Given name added from a supplemental report.  
 Month, day, year

Filed 4-30-27 J. J. Hunt Local Registrar.

Registrar \_\_\_\_\_ Filed \_\_\_\_\_, 19\_\_\_\_ County Registrar.

347-405-145